

## Please print, complete and return form to:

MetroHR Civil Service Metro Hall Annex 517 Court Place, 5<sup>th</sup> Floor Louisville, KY 40202 Fax: 574-1041

## REQUEST FOR CIVIL SERVICE RE-EMPLOYMENT

I was employed at:					
From:	(start date)				
То:	(date of termi	nination)			
Classification:					
I am interested in re-en	mployment in	that classificat	ion.		
I will be available for	employment:				
Current address:					
Social Security Number	er:				
Telephone Number:					
Alternate Number:		()			
				Printed Name	
				Signature	
				Date	